

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 16, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # 732480**

1. Entity Name  
**NORTH SIDE CHURCH OF CHRIST OF PENSACOLA,  
INC.**



Principal Place of Business  
**4001 N. NINTH AVE.  
PENSACOLA, FL 32503-2823**

Mailing Address  
**4001 N. NINTH AVE.  
PENSACOLA, FL 32503-2823**



01072008 No Chg-NP

CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0090900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**RAWSON, MICHAEL L  
7330 MIMOSA DR  
PENSACOLA, FL 32526**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000786264  
01/17/08-80033-019 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCAFEE, MACHAEL  
2860 VALKRY WAY  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
RAWSON, MICHAEL L  
7330 MIMOS DR  
PENSACOLA, FL 32526**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BAKER, WILLIAM L  
116 W. GONZALEZ ST.  
PENSACOLA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HEDRICK, RON  
837 HORSEMEN PATH  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Michael L. Rawson* MICHAEL L RAWSON 1-13-08 850-432-0736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #